

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005****Complete if Known**

Application Number 10/666,060  
 Filing Date September 18, 2003  
 First Named Inventor Robert C. Stolmeier  
 Examiner Name Jes Pascua  
 Art Unit 3727  
 Attorney Docket No. 17263-62624 (15278)

**RECEIVED  
CENTRAL FAX CENTER****MAR 28 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1350

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account number: 50-0410 Deposit Account Name: Bingham McHale LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
23	-20 or HP = 3	x 50	= 150	x	=

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP = 0	x	=

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	=	/50 = (round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS3 Month Extension of Time

Fee Paid (\$)

\$180

\$1020

**SUBMITTED BY:**

Signature	<u>Maniuals</u>	Registration No.: (Attorney/Agent)	40,681	Telephone:	(317) 968-5529
Name (Print/Type):	John V. Daniluck	Date:	<u>28 March 2006</u>		

**CERTIFICATE FACSIMILE**

I hereby certify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 571-273-8300 on March 28, 2006.

Name (Print/Type)	John V. Daniluck
Signature	<u>Maniuals</u>
Date	<u>28 March 2006</u>

17263-62624 (15278)/JVD/104275

# Bingham • McHale LLP

a t t o r n e y s   a t   l a w

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Indianapolis, Indiana 46204-4900

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MAR 28 2006

## Facsimile Cover Sheet

To: Examiner Jes Pascua  
Company: U.S.P.T.O.  
Fax Number: (571)-273-8300  
Number of Pages: 61 including this cover

From: John V. Daniluck  
Return Fax: 317-236-9907  
Return Phone: 317-968-5529  
User Number: 0231  
Our Reference: 17263-62624 (15278)

*[Signature]*  
28 March 2006

CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:



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### ENCLOSED WITH THIS TRANSACTION:

- (1) Fee Transmittal - 1 page
- (2) Petition for Extension Time - 1 page
- (3) Response to Office Action - 11 pages
- (4) Supplemental IDS - cover letter - 2 pages
- (5) Supplement IDS citation list - 3 pages
- (6) DE 200 12 652 U1
- (7) DE 31 44702 A1
- (8) EP 0 834 454 B1